



MOTOR VEHICLE CRASH REPORT

Department of Transportation, Drivers License & Traffic Safety
SFN 2355 (Rev. 2-96)

NDDOT USE ONLY	
CRASH NO.	RPT. SEQ.

FORM
OF

AGENCY		LOCATION		UNIT 1 / STRIKING UNIT		UNIT 2 / OTHER UNIT		TRUCK / BUS ONLY		OTHER	
CRASH DATE (M / D / Y)	TIME (24 HR)	OFFICER NO	OFFICER NAME	AGENCY NAME							
POLICE NOTIFIED (M / D / Y)	TIME (24 HR)	EMERGENCY UNIT RESPONDING		EMERGENCY UNIT NO	AGENCY REPORT NO						
COUNTY	CO CODE	CITY CODE	CITY	RURAL / URBAN	FUNC CLASS						
HIGHWAY	HUNDREDTHS MI / KM	FROM REFERENCE POINT		TOWARD REFERENCE POINT							
TOWNSHIP	RANGE	ROUTE	HUNDREDTHS MILES / KILOMETERS	FROM NODE	TOWARD NODE						
ON (STREET NAME)		AT INTERSECTION WITH (STREET NAME)		NODE							
OR (INTERSECTING STREET)		TOWARD (INTERSECTING STREET)		NODE							
OPERATOR NAME (LAST, FIRST, MI)		OWNER NAME (if not operator (LAST, FIRST, MI)									
ADDRESS		PHONE		ADDRESS if different from operator		PHONE					
CITY		STATE		CITY		STATE					
DAMAGE AMOUNT		OPERATOR LICENSE NO		ST ISS		DOB (M / D / Y)		PLATE NO		YEAR	
INSURANCE CODE (NDDOT USE ONLY)		POLICY NO		INSURANCE COMPANY NAME (NOT AGENT)							
INSURED BY		CARD ISS		SPD LMT		DVR NO		VIN (OUT-OF-STATE VEHICLES ONLY)		RETESTING	
<input type="checkbox"/> OWNER <input type="checkbox"/> DRIVER		<input type="checkbox"/> YES								<input type="checkbox"/> YES *	
OPERATOR NAME (LAST, FIRST, MI)		OWNER NAME (if not operator (LAST, FIRST, MI)									
ADDRESS		PHONE		ADDRESS if different from operator		PHONE					
CITY		STATE		CITY		STATE					
DAMAGE AMOUNT		OPERATOR LICENSE NO		ST ISS		DOB (M / D / Y)		PLATE NO		YEAR	
INSURANCE CODE (NDDOT USE ONLY)		POLICY NO		INSURANCE COMPANY NAME (NOT AGENT)							
INSURED BY		CARD ISS		SPD LMT		DVR NO		VIN (OUT-OF-STATE VEHICLES ONLY)		RETESTING	
<input type="checkbox"/> OWNER <input type="checkbox"/> DRIVER		<input type="checkbox"/> YES								<input type="checkbox"/> YES *	
COMPLETE THE TRUCK AND BUS INFORMATION SECTION FOR ALL ACCIDENTS INVOLVING TRUCKS WITH AT LEAST TWO AXLES AND SIX TIRES OR MORE AND BUSES DESIGNED TO TRANSPORT 16 OR MORE PASSENGERS INCLUDING THE DRIVER. INCLUDED ARE PICKUPS WITH DUAL WHEELS AND ALL PICKUPS TOWING TRAILERS OF ALL TYPES. (IF MORE THAN ONE TRUCK IS INVOLVED, USE AN EXTRA FORM, ATTACHED TO THE ORIGINAL).											
CARRIER NAME				CARRIER'S IDENTIFICATION NO. (USDOT OR ICCMC)				IS CARRIER INTERSTATE?			
								<input type="checkbox"/> YES <input type="checkbox"/> NO			
CARRIER'S ADDRESS				PHONE				SOURCE OF CARRIER NAME			
								<input type="checkbox"/> DRIVER <input type="checkbox"/> LOG BOOK			
CITY				STATE				SIDE OF VEHICLE			
								<input type="checkbox"/> SHIPPING PAPERS OR TRIP MANIFEST (BUS)			
HAZARDOUS MATERIALS PLACARD?				HAZ. MAT. 4-DIGIT NO.				HAZ. MAT. 1-DIGIT NO.			
<input type="checkbox"/> YES <input type="checkbox"/> NO								GROSS VEHICLE WEIGHT RATING			
								LBS.			
HAZARDOUS MATERIAL NAME				WAS HAZARDOUS CARGO FROM VEHICLE RELEASED?							
				(DO NOT COUNT FUEL FROM FUEL TANK)				<input type="checkbox"/> YES <input type="checkbox"/> NO			
				ESTIMATE TOTAL LENGTH (FEET / METER) FROM FRONT BUMPER TO END OF LAST TRAILER							
OTHER PROP. DAMAGE		ACTION SEQUENCE, VEHICLE 1		VEHMT		CONFAC		CONFAC		CITATN	
		VEHICLE 2									
UNIT		SEAT		AGE		SEX		ADI		AT	
1											
2											
SAFETY EQUIP.		AIR BAG		INJ		EJC. EXT.		OWN. NOT.		OCCUPANT, WITNESS, PROPERTY OWNER	
										NAME, ADDRESS, PHONE, PROPERTY DESCRIPTION	
1											
2											
1											
2											
1											
2											

NOTE: IF MORE THAN TWO UNITS (OR SIX OCCUPANT / WITNESSES) ARE INVOLVED, USE AN EXTRA FORM, ATTACHED TO THE ORIGINAL.

* DESCRIBE OR EXPLAIN IN NARRATIVE.

** EXPLAIN IN REQUEST FOR RE-EXAM FORM.



ANIMAL/MOTOR VEHICLE CRASH REPORT
Department of Transportation, Drivers License & Traffic Safety
SFN 50979 (Rev. 4-97)

NDDOT USE ONLY	
CRASH NO.	RPT. SEQ.

AGENCY	CRASH DATE (M / D / Y)		TIME (24 HR)	OFFICER NO	OFFICER NAME	AGENCY NAME		
LOCATION	POLICE NOTIFIED (M / D / Y)		TIME (24 HR)		EMERGENCY UNIT RESPONDING		EMERGENCY UNIT NO	AGENCY REPORT NO
	COUNTY	CO CODE	CITY CODE	CITY	RURAL / URBAN	FUNC CLASS		
LOCATION	HIGHWAY		HUNDREDTHS MI / KM		FROM REFERENCE POINT		TOWARD REFERENCE POINT	
	TOWNSHIP	RANGE	ROUTE	HUNDREDTHS MILES / KILOMETERS		FROM NODE	TOWARD NODE	
UNIT 1 / STRIKING UNIT	ON (STREET NAME) AT INTERSECTION WITH (STREET NAME) (NODE)							
	OR (INTERSECTING STREET) (NODE) TOWARD (INTERSECTING STREET) (NODE)							
	OPERATOR NAME (LAST, FIRST, MI)				OWNER NAME if not operator (LAST, FIRST, MI)			
	ADDRESS				PHONE		ADDRESS if different from operator	
	CITY				STATE	ZIP	CITY	STATE
	DAMAGE AMOUNT \$				OPERATOR LICENSE NO	ST ISS	DOB (M / D / Y)	PLATE NO
	INSURANCE CODE (NDDOT USE ONLY)				POLICY NO	INSURANCE COMPANY NAME (NOT AGENT)		
INSURED BY <input type="checkbox"/> OWNER <input type="checkbox"/> DRIVER				CARD ISS. <input type="checkbox"/> YES	SPD LMT	DVR NO	VIN (OUT-OF-STATE VEHICLES ONLY)	RETESTING <input type="checkbox"/> YES *
R	E. AGENCY TYPE				AGE OF DRIVER - In Years			
	1. Highway Patrol 4. BIA 7. Park Ranger 2. City Police 5. Campus PD 3. County Sheriff 6. Military Police							
J	J. TRAFFICWAY				SAFETY EQUIPMENT/RESTRAINTS			
	1. Not Divided (Two-Way Traffic) 2. Divided Highway (Median Strip Without Barrier) 3. Divided Highway (Median Strip With Barrier) 4. One-Way Trafficway				00. Not Installed 02. Lap Belt Only 05. Automatic Belts (Properly Used) 01. Not in Use 04. Lap and Shoulder Belts 99. Restraint Use Unknown			
P	P. LIGHT				AIR BAG			
	1. Daylight 2. Dawn 3. Dusk 5. Dark (Not Lighted)				0. None 1. Air Bag Deployed 2. Air Bag Not Deployed			
R	R. UNIT CONFIGURATION				CONTRIBUTING FACTORS			
	01. Pass. Car 17. Roadway Maintenance Vehicle 02. Pickup / Van / Utility 22. Single Unit Truck 03. Bus 23. Truck Tractor				01. Attention Distracted 08. Weather 02. Vision Obstructed 98. Other * 03. Speed / Too Fast for Conditions			
V	V. ORIGINAL DIRECTION OF TRAVEL				EVASIVE ACTION			
	1. North 3. East 5. South 7. West				1. Slowed / Stopped 3. Turned Right 4. Turned Left 6. Did Nothing			
X	X. OBSERVATIONS *				EXTENT OF DEFORMITY			
	0. None 2. Trees / Shrubs / Tall Grass				1. Minor 2. Moderate 3. Severe			
Z	Z. FIRST HARMFUL EVENT				DAMAGED AREAS			
	6. Deer 7. Other Large Game 8. Farm Animal 9. Small Animal				01. Center Front 07. Left Side 10. Undercarriage 03. Right Side 09. Top and Windows 13. Total (All Areas)			
OTHER PROPERTY DAMAGE \$								
OFFICER'S NARRATIVE: describe roadside conditions, animal movement, etc. *Describe or explain in narrative								